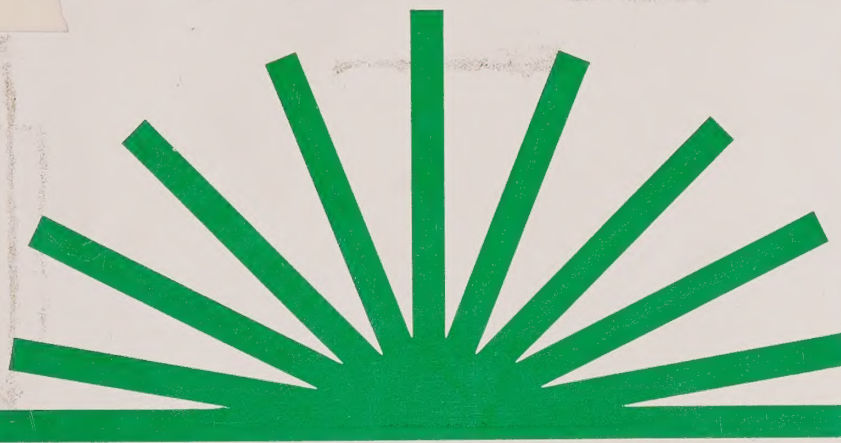
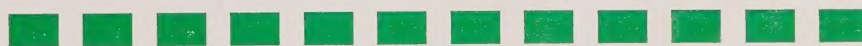


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# **NEW BEGINNINGS**



**A  
Feasibility Study  
of  
Integrated Services  
for  
Children and Families**



**FINAL REPORT  
July 1990  
San Diego, California**

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**SAN DIEGO CITY SCHOOLS**

EDUCATION CENTER

4100 Normal Street, San Diego, California 92103-2682  
Telephone (619) 293-8418

## **NEW BEGINNINGS**

**A Feasibility Study of Integrated Services  
for Children and Families**

**An interagency collaboration involving:**

**City of San Diego  
County of San Diego**

**San Diego City Schools  
San Diego Community College District**

**FINAL REPORT  
July 1990**

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Chief Administrative Officer  
County of San Diego**

**John Lockwood  
City Manager  
City of San Diego**

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San Diego Community College District**

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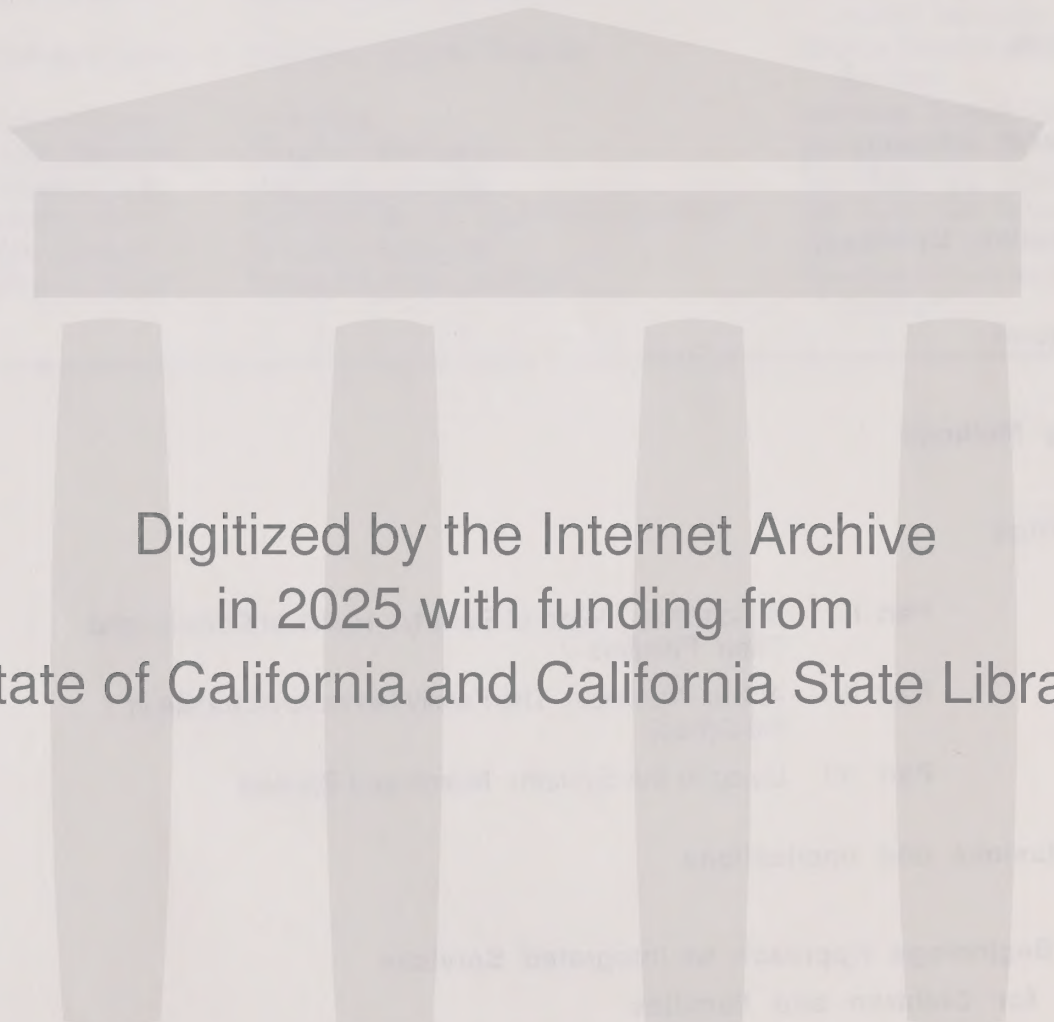


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NEW BEGINNINGS: A FEASIBILITY STUDY OF  
INTEGRATED SERVICES FOR CHILDREN AND FAMILIES

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# NEW BEGINNINGS: A FEASIBILITY STUDY OF INTEGRATED SERVICES FOR CHILDREN AND FAMILIES

## EXECUTIVE SUMMARY

### Rationale

Thousands of children and their families face circumstances which threaten their well-being and promise only a bleak future. These families often find themselves confined to poor neighborhoods where a deteriorating physical environment contributes to the image of helplessness and despair. Many of these families rely on public assistance and other services provided by local city and county agencies.

In San Diego, government agency leadership recognized that it was serving the same children and families and that they should be allies in creating a common vision of the future for family success. Several interagency collaborations had already been developed on a small scale, and the time was ripe to build upon those early successes. New Beginnings was formed in June 1988, as a means for top leadership to engage in a new dialogue about jointly serving children and their families.

New Beginnings is a unique interagency collaborative involving the City and County of San Diego, San Diego Community College District and San Diego City Schools. The collaborative emerged from a realization that the four participating agencies serve children, youth, families and:

- share common clients
- need to understand the services and resources of the other agencies
- need to identify service gaps and possible duplication of services
- serve within a limited fiscal environment

The initial discussions led to a call for an action research project to test the feasibility of a one-stop coordinated services center or other integrated services approach. Connected to a school site, such a services center could cut through bureaucratic barriers and provide easily accessible support for families. The study was conceived as a "top down and bottom up" look at existing systems. Stuart Foundations agreed to partially fund the feasibility study in July 1989, and the project began with donated staff and services from each agency. New Beginnings leadership chose to focus on early intervention and conducted the study at Hamilton Elementary School, located in San Diego's densely populated, multiethnic City Heights area. The selection of Hamilton provided New Beginnings with an opportunity to work under conditions that are becoming all too familiar -- a school straining at maximum capacity to assist families with multiple, severe needs.

### Purpose

The New Beginnings feasibility study was designed to gather information about the needs of families and the impact of services provided by local agencies and the school. More specifically, the study asked:



- How many families receive services from the county, city, or from community-based agencies funded by the county or city?
- What services do they receive?
- Are they eligible for services that they are not currently receiving?
- Is there a relationship between a family's use of social and health services and the academic and social success of their children?
- What barriers do the families encounter when they try to get help from the present system?
- What barriers exist within the system, as seen by agency staff?
- Can the service delivery system be made more responsive to the needs of families in neighborhoods like Hamilton's in a way that is integrated and cost-effective?

As originally designed, the feasibility study included three separate projects: interviews of families and students, interviews of front-line service providers from participating agencies, and a data-sharing effort to investigate the number of families in common. Agency executives felt limited by the research focus and requested a more action-oriented approach. As a result two additional projects were conducted in order to learn more about the current system: placing a social worker at Hamilton to work with families, and creating a system of agency liaisons to help outside agencies be more accessible to Hamilton staff. A study of Hamilton family migration patterns was added to gather information about the highly mobile population. Despite the multifaceted nature of the study, all project components were completed within a short timeline.

<u>Component</u>	<u>Timeline for Completion</u>
Focus Groups of Agency Workers	January to April 1990
Agency Liaison Network	November 1989 to April 1990
Case Management Study	January to March 1990
Family Interviews	February to March 1990
Data Match	March 1990
Migration Study	March 1990

The following information provides a summary of findings from the study, reaches conclusions from those findings, and suggests a system of integrated services for children and families.

## I. NEED FOR REFORM

**FINDINGS:** *Families are unaware of services, or of their eligibility for services. They can only use what they know.*

*Families need help in order to get help. The system is difficult to traverse without support and information.*

**CONCLUSIONS:** There is a need for basic, fundamental reform in the way schools and government agencies deliver services to families.

**IMPLICATIONS:** **This reform will require new ways of thinking about the needs of families, the roles of agency workers, eligibility determination, the focus and process of service delivery, and allocation of funds.**

**It will require consistent, strong support at the highest administrative levels.**

## II. ROLE OF THE SCHOOL IN COLLABORATION

**FINDINGS:** *Families see the school as a place to get help.*

*Being identified with the school helped the Family Services Advocate and the County Public Health Nurses to gain initial access to families.*

*Schools quickly become overwhelmed by the multiple needs of families.*

**CONCLUSIONS:** The school setting is a primary, sustained contact point for working with families. However, a school-governed integrated services program is not advisable.

Governance by any one agency might inhibit maximum cooperation; the new system could be viewed as just another project.

**IMPLICATIONS:** **The center of services will be shared: all are in the hub.**

**All participating agencies need to form a network to keep families from falling through the cracks.**

## III. NEED FOR A COMMON PHILOSOPHY

**FINDINGS:** *Families must go to several agencies to solve multiple problems, or to receive help with multiple pieces of one problem.*

*For example, one family may need food stamps, special education testing, amnesty classes, and police protection. Each is obtained from a separate agency governed by different institutions. Families are often unaware of the distinctions among agencies.*

### III.

#### NEED FOR A COMMON PHILOSOPHY (cont'd)

---

*Differences in philosophy make cooperation difficult. Schools are required to report suspected child abuse, but Child Protective Services cannot share information about the children's placement with them. School staff often lose contact with the children if they are removed from their parents' home. For that reason, school officials estimate that 40 percent of school personnel under-report suspected child abuse.*

**CONCLUSIONS:** What appears to be one single system to families is really a fragmented set of services.

**IMPLICATIONS:** In order for a cohesive system to exist, participating agencies must have a shared, integrated philosophy which stresses prevention and early intervention, agency collaboration and a focus on working with families rather than on individuals.

A case management approach would provide coordinated access to services.

### IV.

#### PRIORITY OF CASELOADS

---

**FINDINGS:** *Over 60 percent of all Hamilton families are involved with County Department of Social Services, and Probation, or City Housing Commission. About 10 percent of all families are known to four or more programs in these agencies.*

*Crisis management for a few families in chronic need takes away from other families with very important needs.*

**CONCLUSIONS:** The worst cases are the target of most spending.

**IMPLICATIONS:** The cornerstone of a shared philosophy must be a priority for prevention and early intervention services.

### V.

#### NEW ROLES FOR AGENCY WORKERS

---

**FINDINGS:** *Workers are frustrated with the narrowness and inflexibility of their roles.*

*Workers feel dehumanized in their job roles, similar to the families involved.*

*Workers see generations of recurring problems in families and feel helpless to "break the chain".*



**CONCLUSIONS:** Agency workers need and want feedback and a sense of accomplishment about their work.

Worker roles and responsibilities need redefinition.

Expanding staff roles and job descriptions which can release the energy and creativity of front line workers who are presently stifled by their systems.

**IMPLICATIONS:** Workers should become family advocates, working more intensely with fewer numbers of families. They need more authority and flexibility in determining when cases are opened, what services are rendered, and when cases should be closed.

To increase their knowledge base, workers should be encouraged and rewarded for cross-training and placement in agencies other than their home agency.

**FINDINGS:** *Families must carry their life stories around to several places. Each agency only wants one part of the story.*

*Workers who must handle case files manually are unable to be efficient. "Paperwork inhibits social work."*

**CONCLUSIONS:** Eligibility procedures which are complex and agency-specific create barriers for families.

Present funding mechanisms require agency specialization so that problems are being addressed instead of people.

Lack of data sharing among agencies, workers, and families prevents optimal service.

**IMPLICATIONS:** A common eligibility process should be developed, with one central point of contact for families.

Funding needs to be flexible enough to allow for appropriate services, whether specialized or general.

Waivers, policy changes, and staffing changes may be necessary to provide funding flexibility.

Legal means must be developed to allow workers to share pertinent information about families with other agency staff.

VI. CHANGES IN POLICIES AND PROCEDURES (cont'd)

---

**Technology upgrades are needed to enhance communication among agencies.**

VII. RESPECT FOR DIFFERING PERCEPTIONS OF NEEDS

---

**FINDINGS:** *Families see themselves in better overall condition than agency personnel see them, but they are plagued by short-term problems.*

*Service providers see families as having many long-term needs.*

**CONCLUSIONS:** Discrepancies exist between family and line worker perceptions of existing needs and barriers.

**IMPLICATIONS:** **The emerging system must address both groups of needs. One cannot be addressed to the exclusion of the other.**

VIII. INCREASED INPUT FROM FAMILIES

---

**FINDINGS:** *The most common need expressed by families was for personal care for their children.*

*Families want to be listened to and feel valued in their interactions with agencies.*

**CONCLUSIONS:** The present system treats families with less respect than they desire and need.

**IMPLICATIONS:** **The new system should provide a network of services with a minimum number of staff working with each family.**

**The system should have continuity and stability, allow for multiple entry and exit points, and accommodate human and cultural differences.**

IX. DETERRENTS TO MOBILITY

---

**FINDINGS:** *Families must start over again to secure services when they leave the area, even though the move may have been a positive one.*

*In 1987-88, only 40 percent of the children attended Hamilton from day 5 through day 175 (almost the full year). Twenty-three percent attended Hamilton and one other school during the year.*

**CONCLUSIONS:** Family mobility is a serious barrier to receiving services.

**IMPLICATIONS:** **Institutions and agencies can compensate for family mobility by developing flexible service area boundaries.**

**Continuity of services must be given a high priority by service providers.**

## New Beginnings Approach to Integrated Services

The New Beginnings Approach to Integrated Services for Children and Families is based on an analysis of funds spent by each participating agency on services to families in the Hamilton area. It represents a fundamental restructuring and reallocation of public funds to an interagency system. It empowers agencies' staff through increased problem solving and deeper involvement with children and families.

The New Beginnings Approach will provide services to families with children who live in the Hamilton attendance area, including those whose children attend Hamilton or other public schools and those with children ages 0-5, who may be referred from participating agencies. The New Beginnings approach has three levels:

Level One. THE SCHOOL is a primary source of referrals and an integral part of the system. Classroom teachers refer children who are experiencing academic, behavioral, attendance, or health problems. Ongoing communication between the teacher and Center staff forms a vital feedback "loop" to assess whether services are having a beneficial effect on the child. Teachers receive intensive training on problem identification and supportive techniques in the classroom, as well as awareness of the roles and services of other agency staff. The school is closely allied to the Center and shares staff with it on a part-time basis for an expanded student registration and assessment process.

Level Two. THE CENTER is a separate building on the Hamilton site or adjacent to it. It provides two levels of services for families: an expanded student registration/family assessment process for all families, and service planning, ongoing case management and some health services for families who need prevention or early intervention services.

At the Center, families will also be able to receive direct services: initial eligibility screening, school registration and assessment of students for special program referrals to parent education and other self-help services, and some health services: physical examinations, immunizations, and treatment for common childhood conditions. The school nurse practitioner, under the supervision of a licensed physician, will work in an expanded role, including treatment.

Level Three. THE EXTENDED TEAM is an integral part of the New Beginnings approach. As members of the New Beginnings Extended Team, line workers continue in their home agencies and usual job roles, but take on a redefined case load focusing on Hamilton families. Extended team members might be found, for example, in the City Housing Department, the County Departments of Probation and Social Services, and on the staff of community-based organizations, but they all concentrate their work with Hamilton families as part of the New Beginnings Team.

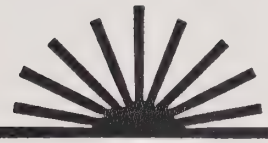
## Recommendations for Next Steps

Top leadership of the New Beginnings partnership institutions is committed to the level of institutional change and collaboration required to demonstrate the viability of integrated services for families. In the midst of possible state budget cuts that threaten to pit one institution against another, the New Beginnings partners are resolved to forge ahead with the cross-agency teamwork and thoroughness that has been the hallmark of this feasibility study.

New Beginnings is recommending that implementation begin in the Hamilton Elementary School attendance area. Implementation should be undertaken in four phases:

<u>Phase</u>	<u>Timeline</u>
1. Development of implementation plan	Completed by December 1990
2. Start-up activities	Completed by February 1991
3. Demonstration period	March 1991 through March 1994
4. Evaluation cycles	Annually beginning in 1992





## PURPOSE

*"It's December 23rd and there are still two days left to shop for Christmas. What a beautiful day in America's Finest City! The sky is blue and a gentle breeze is swaying the palm trees. The temperature today is expected to reach a high of 62 degrees with a low of 45."*

This radio report is overheard by a young mother waiting for a bus on the street corner in San Diego's City Heights area. As she looks at her surroundings, a cracked sidewalk and littered street, she wonders if people realize that poverty is also reaching a high in paradise.

Although the pleasant year-round temperature is a unique aspect of San Diego life, the city shares many problems with other communities. People struggle to survive without proper shelter, shoes, and clothing. Malnourished children look for food in restaurant and park trash cans. At the base of a palm tree, surrounded by torn cardboard and a rusting shopping cart, a homeless person sets up residence.

In fact, the high cost of living in Southern California makes the task of surviving even more difficult. For example: San Diegans

- have insurance premiums among the highest in the nation
- have the second-highest utility rates in the country
- have limited public transportation for daily needs
- must wait five years for public housing
- typically spend one-third to one-half of their income on housing costs. The average one bedroom apartment rents for \$600 per month and the average two bedroom house costs \$180,000 to \$200,000.

Parents still stand in the welfare line, the unemployment line, the clinic line, and the housing line, while their children are in the low track educational line. The public and nonprofit agencies, schools, and the community act as if they do not know these separate lines exist. They aren't funded to work together for the success of the whole family.

Over 100,000 children and their families face circumstances which threaten their well-being and promise a bleak future. These families often find themselves confined to poor neighborhoods where a deteriorating physical environment contributes to the image of helplessness and despair. Many of these families rely on public assistance and other services provided by local city and county agencies.

"Poor children in America are in double jeopardy. They have the most health problems and the least access to care. They are growing up in families that experience the most stress, yet receive the least social support. They are at the highest risk of educational failure, and often they attend the worst schools..."

*Opening Doors for Children*  
National Commission on Children

Unlike some other parts of the nation, California has separate county, municipal, and school functions. The City of San Diego is responsible for municipal services such as police, fire, parks and recreation, libraries, and public housing services. The County of San Diego is the primary provider of health and social services, and is responsible for probation and the jails. San Diego City Schools, while under the City Charter, functions independently from the city and is the largest of 43 school districts in San Diego County. The San Diego Community College District oversees the education of students 18 years of age or older. This division of responsibility creates a maze of bureaucracy and restriction:

- Each agency focuses on moderating failure rather than developing success.
- Each agency deals with members of the family as individuals, not as members of a family unit.
- Each agency has its own eligibility requirements, intervention plans, and case closing conditions.

No one is assigned to work with the family as a unit to "guide" it through the bureaucratic pitfalls. No one is assigned to follow up when referrals are made. No one is focused on early intervention to keep small problems from festering into a crisis.

In San Diego, government agency leadership recognized it was serving the same children and families and that all should be allies in creating a common vision of the future for family success. Several interagency collaborations had already been developed on a small scale, and the time was ripe to build upon those early successes. New Beginnings was formed in June 1988, as a means for top leadership in the area to engage in a dialogue about jointly serving children and their families.

The four partners in the New Beginnings collaboration are:

**City of San Diego**

City Manager

**San Diego City Schools**

Superintendent

**County of San Diego**

Chief Administrative Officer

**San Diego Community  
College District**

Chancellor

Administrators and other staff members throughout the educational, health, social services and municipal agencies became keenly aware of the growing gap between the complex problems facing today's families and the services our current systems are designed to provide. They realized that no single agency can compensate for the disadvantages suffered by our troubled homes and communities. To have an impact on the problems of poverty, each agency must change the way it operates and relates to others. (A review of related research is contained in Appendix A.)

As participants in New Beginnings continued to meet and talk, a set of shared assumptions emerged:

- San Diego faces complex problems, with a large and growing population of Indochinese and Latino immigrants, inadequate public transportation, inadequate housing and high mobility among families and children.
- All agencies are experiencing serious financial constraints. Attention must be focused on doing better with existing resources, rather than on developing more costly solutions.
- It is more effective to provide assistance early in a child's life than it is to wait until adolescence.
- Interventions which focus on individuals rather than family systems are unlikely to be effective.
- Staff in many agencies are unfamiliar with and mistrustful of the services provided by other agencies.
- Interagency collaboration must be led from the executive level.

Initially a three-part needs assessment was proposed to identify specific areas of possible collaboration. Discussions of this plan led to a call for an action research project to test the feasibility of a one-stop coordinated services center or other integrated services approach for families. Connected to a school site, such a services center would be designed to cut through bureaucratic barriers and provide easily accessible support. The study was conceived as a "top down and bottom up" look at existing systems.

The Stuart Foundations confirmed their interest in interagency collaboration and their willingness to entertain a proposal on behalf of New Beginnings. Stuart Foundations agreed to partially fund the feasibility study in July 1989, and the project team began with donated staff and services from each agency. (A summary of the New Beginnings budget and in-kind contributions is contained in Appendix B.) New Beginnings leadership chose to focus on early intervention and conducted the study at Hamilton Elementary School, located in the City Heights neighborhood of San Diego's densely populated multiethnic City Heights area.

Deep canyons thread the area surrounding the school, creating isolated pockets of housing with dead-end streets and alleys, as well as hiding places for illegal activities. The neighborhood appears incomplete: sidewalks are absent in some areas; streets start and stop without warning; some housing units can be reached only through alleys. Many houses and apartments are protected by iron bars or chain link fences. While the area is



surrounded by liquor stores, it is served by only one major grocery store and one laundromat.

City Heights has one of the highest crime rates in the City of San Diego, with nearly 26 violent crimes per thousand residents and a property crime rate of 97 per thousand. Heroin is the drug of choice for 41 percent of those area residents who were treated by County Drug Services this year. The area leads the city in another grim index: child abuse. Over 300 referrals are made each month to the County's Child Protective Services Unit from the City Heights zip code area.

Hamilton Elementary school is one block away from the main street in City Heights. It serves about 1300 children in grades kindergarten through five, with a state preschool program enrolling four-year-olds. The present school building, which is windowless to prevent vandalism, was constructed in 1978. The main buildings have been supplemented by 26 portable classrooms that form long rows on the grassless playground. To maximize the use of facilities, the school's enrollment is divided into four groups or "tracks", with only three of the four tracks on campus at any one time.

Hamilton Elementary is a microcosm of the multiethnic character of City Heights. Of the 1296 students enrolled at the school in October 1989, 35 percent were Latino, 25 percent were Indochinese, 25 percent were African American, 12 percent were White and three percent were from other ethnic categories.

The selection of Hamilton as the site for the feasibility study provided New Beginnings with an opportunity to work under conditions that are becoming all too familiar locally and nationally: a school straining at maximum capacity to assist families with multiple, severe needs.





## STUDY METHODS

The New Beginnings feasibility study was designed to gather information about the relationship between the needs of families and the adequacy of services provided by local agencies and the school. More specifically, the study asked:

- How many families receive services from the county, city, or from community-based agencies funded by the city, county or United Way?
- What services do the families receive?
- Are they eligible for services that they are not currently receiving?
- Is there a relationship between a family's use of social and health services and the academic and social success of their children?
- What barriers do the families encounter when they try to get help from the present system?
- What barriers exist within the system as seen by agency staff?
- Can the service delivery system be made more responsive to the needs of families in neighborhoods like Hamilton's, in a way that is integrated and cost-effective?

As originally designed, the feasibility study included three separate projects: interviews of families and students, interviews of front-line service providers from participating agencies, and a data-sharing effort to investigate the common client base. Agency executives who reviewed the project design felt limited by the research focus and requested a more action-oriented approach. As a result two additional projects were conducted in order to learn more about the current system: placing a social worker at Hamilton to work with families, and creating a system of agency liaisons to help outside agencies be more accessible to Hamilton staff. A third study of Hamilton family migration patterns was added to gather information about the highly mobile population. Despite the multi-faceted nature of the study, all project components were completed within a short timeline.

### Component

### Timeline for Completion

Focus Groups of Agency Workers  
Case Management Study  
Agency Liaison Network  
Family Interviews  
Data Match  
Migration Study

January to April 1990  
January to March 1990  
November 1989 to April 1990  
February to March 1990  
March 1990  
March 1990

Each component is described individually below, including purpose, action steps, and a listing of materials or instruments developed in the component. All materials are included in Appendix C, available under separate cover.

## **Focus Groups of Agency Workers**

### Purpose

Workers closest to families have a unique perspective of the system, so their experiences and opinions were sought. The line worker study was designed to:

- examine the agency workers' perspectives of the needs of Hamilton families and children
- identify barriers to service from the workers' perspectives
- identify services which were helpful and readily available
- improve family/agency communication.

### Action Steps

Between January and April 1990, the County Department of Social Services contributed two trained facilitators to run nine focus groups involving 77 agency line workers. Six to twelve workers from an agency, usually people who worked directly with families, were selected by the New Beginnings Executive or Project Team committees to participate in the two-hour sessions. Focus groups were conducted with staff from the following agencies:

City of San Diego

Community-based Organizations

County of San Diego

San Diego City Schools

San Diego Community College District

After all focus groups were completed, a cross-agency focus group was conducted using one member from each of the above groups. All groups responded to the following questions:

1. Why do families in the Mid-City/Hamilton Elementary School area need the services that your agency provides?
2. What barriers do families in the area experience when they attempt to obtain services from your agency?
3. What barriers does your agency experience which reduce its effectiveness in providing services to these families?
4. What has been your experience in working with other agencies to provide services to these families? Have you experienced any barriers to working in collaboration?

5. If you had the power to change one specific policy or procedure in your agency to improve services for these families, what would it be?
6. What activities, policies and procedures are working well at your agency now?

Materials (available in Appendix C)

List of focus group participants

Discussion questions

Sample letter to participants

Summary of findings

Sample of focus group data

## **Case Management Study**

### Purpose

The case management study was designed to:

- examine the impact of the current service system on families in a school setting
- determine the effects of case management services for 20 high risk families
- document the needs of families for services and identify the barriers they encountered in the system
- document the extent of services provided by school staff
- improve school/agency/family communication

### Action Steps

A bilingual (Spanish/English) social worker from the County Department of Social Services (Child Protective Services) was out-stationed at Hamilton Elementary School from January to March 1990. In order to reduce any possible stigma from CPS affiliation, the social worker was renamed a Family Services Advocate (FSA) during his stay at Hamilton. The families selected for case management services represented the diversity of needs of children at Hamilton:

- At least one child in the family exhibiting attendance, academic, physical, or emotional problems (as identified by school staff).
- Currently receiving services or needing assistance from at least one public agency.
- Willingness to waive confidentiality to gain assistance.

The FSA developed a family assessment/case document tool and a release of information form, so that vital information could be shared among agencies. He provided direct services to families and also served as a referral resource for services. He followed family participation in programs and monitored outcomes for each family. At the same time, he functioned as a valued member of the school staff team.



Materials (available in Appendix C)

Consent form for family participation

Family Assessment guide

Summary of findings

## **Agency Liaison Network**

### Purpose

The Hamilton Elementary school staff was often unfamiliar with the organization and function of agencies, and was frequently unable to connect families with the help they needed. The liaison study was designed to:

- increase access of Hamilton staff and students to agency services
- increase agency staff awareness of needs existing at Hamilton
- identify agency and family barriers to receiving services
- identify areas of potential change within agencies which would enhance services for families

### Action Steps

One liaison was appointed by each agency to expedite referrals and share pertinent information about eligibility and available services with the Hamilton school staff. Each liaison received a notebook that included a phone list of all the liaisons and a log sheet to record information from each contact. Each identified liaison received two hours of training before the project began.

School staff and the FSA were instructed to use liaison expertise only when normal channels of agency communication proved unsuccessful. For example, if school personnel had already initiated contact with an agency and had run into a barrier, they would then call the liaison from that agency to assist them with the barrier. Liaisons were prepared to untangle difficult situations, but not to step outside of agency procedures.

Materials (available in Appendix C)

Summary of findings

List of all liaisons

Liaison log page

## Family Interviews

### Purpose

Human services programs rarely operate according to the preferences of the recipients. Since many Hamilton families are participating in one or more assistance programs, the New Beginning studies wanted to elicit the families' experiences in the system. Family interviews were designed to:

- understand current needs of Hamilton families for services
- determine barriers to receiving services as identified by the families
- identify services which families deemed helpful and accessible
- investigate the effects of case management from the families' perspective
- identify family needs and barriers from the interviewers' perspective
- improve family/school/agency communication

### Action Steps

Off-duty County Public Health Nurses attempted to contact 54 Hamilton families in all. In-home interviews were actually conducted with 32 families. These interviews occurred between January and March 1990. Families were targeted for selection from three groups:

- Group I consisted of the 20 families served by the FSA. (Eight completed interviews.)
- Group II consisted of 15 Hamilton families similar to the first group, but who were assisted by the district counselor, outreach counselor, school nurse, and/or site administrators. (Twelve completed interviews.)
- Group III was made up of 15 Hamilton families who had received assistance from school personnel in the past, but who appeared not to require services at present. (Twelve completed interviews.)

The names of all families for the interview pool were provided by the FSA or by the school. A letter was sent by the school to families in all three groups requesting their participation. It was hoped that a total of 50 families would be interviewed, but it was only possible to complete 32 interviews from the three groups. Of the 22 unsuccessful attempts to interview, 6 families had moved (or were unable to be located); 7 made no response to repeated requests for interviews; 3 agreed to interviews but did not show up; and 6 refused to participate. New Beginnings provided each family with a \$10 grocery store food voucher as an incentive for participation.

The interview format was a compilation of County Health Services Department questions, County Department of Social Services categories, and open-ended questions developed specifically for this study. It closely followed the purposes outlined above.

### Materials (available in Appendix C)

Interview instrument

Request for participation letter

Summary of findings

Thank you letter

## **Data Match**

### Purpose

Each agency maintains a data base of its clients, yet no individual or agency can be aware of the extent to which families are assisted by more than one program. The data match was designed to:

- determine current levels of service provided to Hamilton families by three major agencies
- examine the extent of multiple use of services by families
- compare use of services by families of different racial/ethnic backgrounds and other factors
- determine total financial resources allocated to Hamilton families by participating agencies.

### Action Steps

Data on families from Hamilton Elementary were matched with case load files from the County Department of Social Services, County Department of Juvenile and Adult Probation, and the City Housing Commission (Section 8 and Public Housing). Although family names were used as part of the matching process, resulting data did not identify families by name.

The County Department of Social Services developed the necessary database program and conducted the match with data tapes provided by San Diego City Schools and the other agencies. Each agency contributed in-kind resources to perform the match. Data were produced for households with children who live in the Hamilton attendance area and either attended Hamilton or participated in the district's voluntary integration programs at another school site. Data were considered to be a snapshot of Hamilton families in March 1990, and were not cumulative in nature. In addition to racial/ethnic background, data were analyzed to provide:

- comparisons of family service use for students designated as limited-English-proficient, enrolled in special education, or participating in integration programs
- comparisons of family service use for children of varying academic ability as evidenced by test scores and/or at risk status.

### Materials (available in Appendix C)

Data selection criteria

Summary of data match results

Agreement to share information



## **Migration Study**

### Purpose

The purpose of the migration study was to:

- determine patterns of student and family mobility in and out of the Hamilton area
- determine the characteristics of the mobile and stable student populations.

### Action Steps

Data were collected for 1987-88, the most recent year for which data were available. The data were gathered by the Research Department of San Diego City Schools and analyzed by a member of the New Beginnings Project Team.

### Materials (available in Appendix C)

Migration study results





## FINDINGS

The feasibility study generated a multitude of findings. For ease of reference, findings have been grouped into three sections: findings about the families, findings about the outcomes of case management, and findings about needs and barriers in the current system.

### **Part I: A Common Thread of Poverty: Hamilton Children and their Families**

In an effort to know as much as possible about the families living in the Hamilton area, information was collected from a variety of sources:

- Demographic information about San Diego's City Heights area was compiled from school district reports, county and city records, and police reports. The data match also provided information on the extent of services used by Hamilton families in County Departments of Social Services and Probation programs, and City Housing. The migration study focused on the mobility patterns of the families.
- First-hand accounts of life in the Hamilton area were elicited from the families themselves in the County Public Health Nurse interviews.
- Perceptions about the children and families were gathered from the focus groups of agency personnel, staff at the school site, the Family Services Advocate (FSA) stationed at the school, and from the County Public Health Nurses who interviewed Hamilton families.

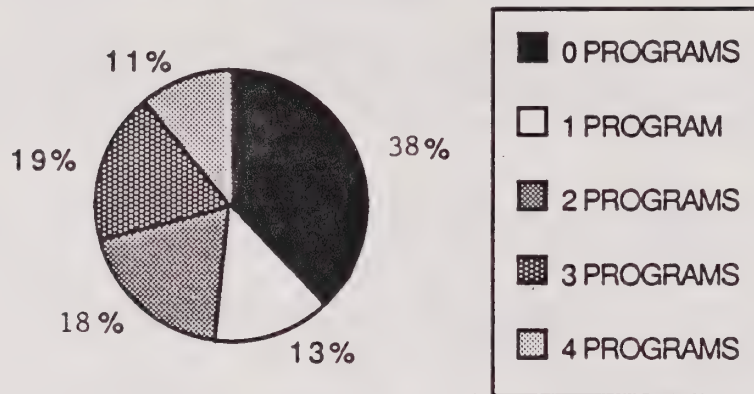
#### Description of the Families

**Overall Population:** The data match provided a snapshot of current use of public services by Hamilton families. Nearly 63 percent of all Hamilton households are involved with at least one service provider. Figure 1 shows the percent of all Hamilton households receiving no services, or from one to four services. About 46 percent of all families are receiving Aid to Families with Dependent Children (AFDC); 17 percent are enrolled in an employment training program, Greater Avenues to Independence (GAIN); 5 percent are known to Adult Probation; and 8 percent are living in Section 8 Housing. An additional 8 percent are on the waiting list for housing. About 20 percent were known at some point in the last seven years to Child Protective Services.



FIGURE 1

PERCENT OF HAMILTON FAMILIES KNOWN TO  
DSS, PROBATION, AND HOUSING PROGRAMS



Hamilton has the highest mobility index<sup>1</sup> (151) of any elementary school in the district. In the 1987-88 school year (the most recent year for which mobility data are available), certain migration patterns were noted. For the most part, Hamilton families who moved tended to remain within the general Mid-City community, but moved in and out of the Hamilton attendance boundaries. Of all the students who attended Hamilton in 1987-88, about 28 percent attended the school for less than 60 days, while over 50 percent stayed for 120 days or more.

**Families Participating in the Study:** Twenty families were served by the FSA during his stay at Hamilton. Eight of those families were part of the total of 32 interviewed by the County Public Health Nurses, providing primary source data on a total of 44 families. Because the families were selected using specific criteria, they cannot be assumed to be representative of the overall population of Hamilton families. This is especially evident in the section on racial/ethnic background. For information on family selection criteria, see pages 7-9 .

The families can be characterized by one common thread -- poverty. They also exhibited a common history of physical and/or substance abuse. Interview data from the 32 families reveal a wide variation in several profile factors.

**Housing** -- Fifteen of the 32 families have lived in one dwelling since January 1988 (46 percent). Eleven lived in two places (34 percent), and four had been in three places. One-half of all families lived in single family houses, while another 47 percent lived in apartments or duplexes. One family was homeless at the time of the interview.

**Family Composition** -- Family size ranged from two members to 10 members. About two-thirds of all families consisted of either four or five members. About 65

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<sup>1</sup> The mobility index is derived by adding the total number of students who entered Hamilton during the school year to the total number who left, and dividing by the school's official attendance figure for the year.

percent of the families were headed by a female single parent. Three of those were headed by grandmothers with primary custody of school-age children.

**Racial/Ethnic Background** -- Based on the ethnicity of the head of household (HOH) nine families were Hispanic, twelve were White, eight were African American, and one was Indochinese. In most cases, but not all, family members were all of the same racial/ethnic group.

**Head of Household Information (HOH)** -- Educational attainment by HOH ranged from no educational experience to two years of college credit. Fifteen of the thirty-two HOH (46 percent) were high school graduates or better. Age of HOH ranged from 25 years of age to 54 years of age. About half the HOH were between the ages of 30 to 35. Exactly half of the HOH received AFDC, and another 12 were working parents. One woman maintained her family on child support. Seventeen used MediCal services, and seven were privately insured.

**Transportation** -- Half the families owned cars, while the other half depended on a combination of public transportation and the use of friends or relatives' cars.

Families were found to be involved in a variety of service programs, either at present or in the recent past. Table 1 identified the families from the FSA caseload and their involvement with local agency services. The first column indicates the agencies, both private and public, with whom the families themselves indicated involvement. The second column shows the number of families involved with each agency while working with the FSA. The last column shows the number of families who reported involvement with the agencies prior to working with the FSA.

TABLE 1  
NEW BEGINNINGS FSA CASELOAD  
Agency Involvement

<u>Community Agencies</u>	<u>Number Of Families Currently Active</u>	<u>Number Of Families Previously Active</u>
Home Start, Inc.	1	0
New Alternatives	3	3
Union of Pan Asian Communities	3	0
San Diego Food Bank	0	0
<u>County</u>		
DSS:		
AFDC/MC	12	2 MC 4 AFDC
Child Protective Services	5	9
GAIN	0	0
HLTH:		
California Children's Services	0	3
Public Health Nurses	0	0
Mental Health	0	8
Health Centers	0	6
Child Health Disability Prevention	0	2
ADULT PROBATION	3	3

## Families As They See Themselves

"I'd like to have my children in groups like Big Brothers, PeeWee Ball, and Boy Scouts. I don't know how to get them in."

"I was assigned a lawyer who didn't do anything. Then he sends me a big bill."

"Just about everyone comes to my home already: New Alternatives, CPS workers, I go to drug testing, drug counseling. . . . I know just about every resource in the community."

"(I need) nothing. I've been on welfare all my life. I know what's due me and I know how to get it. I love my children and they love me. I'll kill anyone who tries to harm them."

Hamilton Family Interviews

The comments above exemplify the range of families' abilities to access services. While some are unaware of what is available or where to go for services, other families have been successful in demanding and receiving the services they need. In general, the families expressed the following concerns about seeking help:

- They don't know what services are available.
- They need child care and/or transportation in order to get help.
- They see a lot of red tape and rigidity in programs, making it hard for them to understand the system. They feel hassled by the system.
- They feel that they aren't listened to by workers, that they aren't respected personally.
- They see their racial/ethnic background as being devalued by society.
- They don't see the benefit in some programs as incentives to get off welfare.

For the most part, families identified their needs as short term or immediate (e.g., cash assistance, emergency food, behavior improvement in children).

## Families As Others See Them

These perceptions are derived from a variety of sources: the FSA, the line workers, the school staff, and the County Public Health Nurses. However, the findings are similar from all groups. Service providers saw many long-term needs for the families which the families did not identify themselves. An example typically heard was the difficulty in attempting to engage parents in parent education classes when they were worrying about their late welfare checks. The service providers also saw more evidence of alcohol and substance abuse in the home than the families acknowledged in interviews. Specifically, the families were seen as having:



- **diminished sense of reality about their problems**
- **little awareness of their own responsibility and ability to handle problems**
- **negligent or negative methods of discipline**
- **insensitivity or disregard for children's feelings**
- **lack of awareness that their drug or alcohol use is a problem**

"... It seems we all have the same general thoughts in terms of the needs... [but different] strategies about how these needs should be met. These strategies turn into our goals and, when you think about it, if our goals are different, we could actually end up working against each other."

Family Services Advocate

In summary, many Hamilton families are living in severe circumstances. They are trying to raise children in dangerous and decrepit neighborhoods; many families have only one parent present. Some do not know how to gain access to services. More than half the Hamilton families are already receiving some form of public agency service, yet they still report many unmet needs.

In terms of children's services, the school is seen as either the trusted provider of services, or as a resource base for information and referral. Families are less sure of where to obtain help for themselves. People who attempt to provide services to these families must consider that their problems are severe, and that the families deserve respect for mere survival skills. Families need to be listened to for their short-term needs, and guided in the ability to understand long-term needs.

## **Part II: The Family Services Advocate in the School**

"I think we all work on the basis that we are doing the best we can with what we have separately. New Beginnings brought in a question, 'Is it enough?' A simple question, 'Are we doing enough?' "

Family Services Advocate

To provide a comprehensive look at the needs and barriers faced by Hamilton Elementary School families, a bilingual social worker from the County Department of Social Services' Child Protective Services (CPS) was placed on site for nearly three months. (For a full description of the case management study, see page 7.) His normal role as social worker was expanded to include case management for a group of 20 families selected by the school because of their multi-problem, high risk situations. To minimize any stigma of CPS, the social worker was called a Family Services Advocate (FSA). He was supervised in his new role by an assistant deputy director of the County Department of Social Services.

Case management activities included:

- developing a family assessment/case document tool
- completing detailed assessments of the families
- providing direct services where appropriate
- referring families for needed services
- coordinating services and follow-up on referrals, monitoring outcomes
- providing or assisting with transportation needs
- functioning as a team member of the school staff

The FSA himself put it this way, "I provided a linkage to services and provided direct services. I counseled, advocated, transported, interpreted and felt like a complete social worker without any limits." A release of information form was signed by each of the families so that information could be shared among agencies.

### Working with the Families

"It was nice to be able to talk with someone (the FSA) and tell them what is going on."

"(The FSA) is just fantastic. He puts up with me even though I am so bad and outspoken."

Hamilton Family Interviews

The FSA found that his flexible schedule and responsibilities gave him the freedom to address problems in individualized ways. Being associated with the school allowed him to establish a positive initial contact with the families. Being associated with the County Department of Social Services system was valuable in arranging for resources and referrals. Both connections were critical to his ability to work with families. However, the FSA did feel restrained by the complexity and rigidity of the various systems and programs he had to access.

In working with the families, the FSA noted several common themes:

- **The multitude of eligibility processes required to qualify for various programs is a major difficulty for families. They must retell their "story" several times over, and they must tell it differently to each agency in order to emphasize the correct points that will qualify them for services.**
- **Families have long waits to access programs, communication problems with agency staff, and uncertainty about whom they should be asking for help. All of these difficulties lead to a general sense of distrust on the part of families toward agency personnel.**
- **Families are often unable to guide themselves through the various hoops to access multiple services. The role of the FSA as family advocate cannot be overestimated in its value to these families.**

- The disparity between providers' and families' perceptions of needs and barriers was evident in the relationship between the FSA and the families. Throughout this study, families are likely to identify immediate or short-term needs but do not always see the need for long-term or continuing assistance.

The following tables show clearly the disparity between provider and family perceptions. Table 2 lists the categories of needs identified by the family, and the categories of needs identified by the FSA for those families. The FSA identified a total of 93 needs for the 20 families he served; the families identified a total of 47 needs. Similarly, Table 3 shows two categories of barriers to receiving services, those identified by the families and those identified by the FSA. The families named 38 barriers, about 60 percent of the total named by the FSA.

TABLE 2  
NEEDS FOR SERVICES IDENTIFIED BY FAMILIES AND  
BY FAMILY SERVICES ADVOCATE (FSA)

Category	Number Identified by Family	Number Identified by FSA
Advocacy	6	10
Children's Services	5	9
Counseling	5	15
Drug Rehabilitation	1	6
Food	4	2
Health	7	6
Jobs	1	4
Money	5	1
Other Assistance	2	2
Parent Education	5	31
Social	1	2
Transportation	4	4
TOTAL	47	93



TABLE 3  
BARRIERS TO SERVICE IDENTIFIED BY FAMILIES AND  
BY FAMILY SERVICES ADVOCATE (FSA)

Category	Number Identified by Family	Number Identified by FSA
Bureaucracy	5	13
Child care	2	1
Drug involvement	0	3
Education	4	6
Housing	0	3
Immigrant status	2	2
Money	1	0
Parenting skills	3	8
Psychological problems	5	17
System knowledge	10	8
Transportation	5	0
Utilities	1	2
TOTAL	38	63

#### Working with the School

"I cannot close my eyes to someone who is hungry and say, 'It's not my job to feed them, it's just my job to teach them.'"

Kenneth W. Haskins  
Harvard Graduate School of Education

The school is committed to helping children and their families in every way possible. In addition to its many academic programs, the school provides breakfast and lunch programs, after-school recreation activities, outreach counseling, a volunteer program for parents, and numerous health and counseling-related services. School personnel also make individual commitments to helping children. The school nurse keeps extra food in her refrigerator for children who arrive too late for breakfast. Office staff quietly slip used jackets and socks to children who are shivering from the cold.

"As a team we have been prime motivators in helping families to gain skills to meet their needs. We provide education, referral services, counseling, basic health care and community resources."

Carrie Peery  
Hamilton Principal

The school's ability to assist families, however, is limited by a number of factors. These include: a narrow range of service defined by job function and board policy (especially

for nurse and counselor), a sense of isolation from outside health and social service systems, an incomplete knowledge of appropriate referrals, and difficulties in communication with families from diverse language backgrounds.

The FSA was able to act as an information and referral source to the outside system. He served as a member of the school's consultation team, assisting them in developing a case notebook of activities conducted with each family. Although it was not intended as one of his functions, he also served as primary liaison to other agencies.<sup>2</sup> From an insider's perspective, he was able to experience the frustration of school personnel in trying to obtain help for families. Common obstacles he encountered were:

- **backlog of applicants for services (waiting lists and long waits)**
- **inability to obtain agency records or share information about families**
- **lack of agency follow-through**
- **insufficient personnel to handle calls**
- **multiple eligibility criteria and systems**
- **frequent staff turnover at agencies**
- **school's sense of isolation in its efforts**
- **unrealistic expectations about agency assistance**

The FSA learned that the two agencies called upon most by the school are the police and Child Protective Services of the County Department of Social Services. This finding suggests that the school referral system functions primarily as crisis intervention. He also learned that a dual demand exists on auxiliary school staff such as the nurse and counselor. They are expected to (1) be onsite to meet the needs at the school and (2) to maintain personal contact with the families in their homes.

### Working Across Agencies

The experience of the FSA in the school environment yielded valuable information about school/agency collaboration. Some of the major findings are summarized below:

- **Schools are fragmented systems in providing service. They are hampered by inadequate language capability, insufficient awareness of cultural differences of children, inability to provide medical care onsite, and their traditional emphasis on the child, not the family.**
- **The need for a private setting, a center on or near the campus, is critical to ensure confidentiality when meeting with families.**

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<sup>2</sup> The agency liaisons designated as part of the study received a total of 5 calls from the school. Although the component was designed to place help "just a phone call away", the phone never rang.

- Continual communication and feedback are necessary between school and agency. This relationship may suffer if regular communication channels are not maintained. For example, although school personnel considered the FSA to be a valued team member, he sometimes felt alone and unsupported.
- Criteria for advocacy and referral need to be clearly understood by both the school and the agencies involved. A consistently applied referral system will help clarify the agreed-upon criteria.

Being stationed inside the school was a valuable learning experience for the FSA and for the project. This was frequently mentioned in such phrases as "knowing both sides," and "bridging the gap." It became apparent that the FSA's "outside" knowledge was important to the school, and his "inside" knowledge was valued by the agencies.

"Welfare officials assumed schools would provide the best strategies in helping children move out of dependency; educators assumed the welfare system would support families so children came to school ready to learn. Neither assumption is safe."

Stephen B. Heintz  
Connecticut Department of Income Maintenance

### Part III: Living in the System: Needs and Barriers

"I went daily to sign on to Section 8. It took three years."

"My child is a slow learner, but I can't get a referral to Special Ed."

"I just completed GAIN. I was offered a job in Mission Valley at \$5 an hour with no benefits. The bus would take three hours to get to work, and three to get home."

Hamilton Family Interviews

### Families' Perceptions

As the data from the various evaluation pieces were assembled, it became evident that there were divergent perspectives about what families needed and the best method of meeting those needs. Most families tended to view their needs as immediate or short-term. They often believed that their own power to meet those needs was limited or non-existent.



Families expressed needs for both material goods and services. Basic survival items such as food, adequate shelter, clothing, employment, and cash assistance were often cited. Increased and improved counseling and education services were also identified as needs, although in most cases these services were sought for children. Other desired services included agency advocacy, child care and transportation. A few families mentioned the need for drug rehabilitation services for other members of their households. Of the forty-four families seen by either the FSA or the County Public Health Nurses, only two parents identified a need for their own drug counseling.

Four categories of barriers to receiving needed goods and services emerged:

- Affordable housing and mental health services are scarce. Families often experienced long waiting lists, inflexible requirements, and inconvenient locations for services provided.
- Fragmentation of services is inhibiting to families. Collecting the service pieces necessary to make significant movement out of poverty required the family to make trips to many agencies, meet multiple eligibility criteria, talk to an endless stream of workers and to persist in their self-coordination efforts with little encouragement.
- A lack of awareness of what services are available as well as the steps and jargon required to obtain them make it difficult for families to know where to go for help.
- Some families sense that they are viewed negatively by agencies. They felt devalued, hassled, and ignored. They found some workers to be interested and helpful. Others were described as rude, impersonal, intrusive, and lacking in experience and knowledge.

"I don't know why I'm still doing this. I deliver pizza at night and get paid \$10 an hour. People appreciate it. They get the pizza; they're happy. I'm happy I don't get verbally abused or have to worry about physical violence."

"I've encountered cynicism on the part of agency workers; it's burnout. It's the sense of hopelessness, that you're not doing any good, that what you do isn't making a difference."

Line Worker Interviews

### Line Workers' Perceptions

Line workers perceived families as exercising little control over their circumstances. Although some families were cited as examples of perseverance and fortitude in the face of adversity, most were not. Line workers expressed the belief that many parents were unaware of their failure to meet socially acceptable standards in the areas of discipline, child safety, cleanliness and supervision. Others were characterized as in a state of denial about personal problems, such as substance abuse or the need for counseling.

Most often this lack of awareness or denial was attributed to generational patterns of poverty and abuse, although sometimes it was seen as the result of a lack of motivation or interest and, less often, due to cultural or language differences.

Lack of awareness, denial of personal problems and the absence of a long-term outlook on the part of the families, resulting in self-defeating behavior, were seen by the line workers as the biggest barriers for families. Family mobility and difficulties in worker/family communication due to language or lack of telephones were also seen as problems. Not far behind, however, were obstacles encountered within and among their own agencies.

Communication difficulties topped the list of intra-institutional barriers. Within agencies sub-specialization, geographically distant offices, slow record transfers, lack of worker awareness of programs within their own agencies, and insufficient equipment, such as telephone lines, voice mail or faxing capability were cited as communication inhibitors. These same issues created problems for interagency communications. They were exacerbated by legal restrictions on data sharing among agencies, an even greater lack of awareness about available services offered by "outside" agencies, the lack of common data sharing technology, and the use of agency jargon.

Other institutional barriers included process problems, such as overlapping rules and regulations, complex eligibility verification, incongruent and incomprehensible geographic boundaries, and the fact that many families were involved with multiple programs. Lack of feedback and follow-through were also frequently mentioned. Staff found themselves frustrated by time constraints that allowed them to do little more than put bandages on family problems.

Beyond the regulatory, process, and equipment impediments line workers faced, they saw two broader, more fundamental problems affecting services to families in need:

- the lack of a shared philosophy, and
- the priorities of society as reflected in its service agencies.

Simply stated the agency line workers believed that the goal of providing effective help for multiple problem families will be elusive until all agencies have a shared philosophy. The goals and outcomes of all agencies must be mutually supportive and intertwined before a safety net for families in need can truly exist and function effectively. They also believed that the current agency priorities, which focus most resources on the families who are chronically in crisis, are not effective and severely restrict their ability to assist families before a problem becomes a crisis.



## CONCLUSIONS AND IMPLICATIONS

"One of the most highly developed skills in contemporary Western civilization is dissection: the split-up of problems into their smallest possible components. We are good at it. So good, we often forget to put the pieces back together again."

Alvin Toffler  
Order Out of Chaos

Bureaucracies, through their policies, procedures, eligibility requirements and personnel appraisal systems, have implemented a "divide and conquer" strategy for families in need. Social challenges such as poverty, education, crime, and health have been divided into segments, with piecemeal programs tacked on as needs arose. This move toward increasing specialization was fostered by funding decisions intended to increase the economic efficiency, service efficacy, and accountability of federal, state, and nonprofit institutions.

This fragmented, problem-focused service approach isn't working. Family needs are not being met and families often feel alienated from society. Workers are frustrated, weary and sometimes cynical. Dropout rates remain high, the number of toxic newborns is increasing, and the rates of substance abuse, homelessness, domestic violence and disintegration within families are surging. The points of light are surrounded by darkness; too often, they are shining beacons only for the blind.

The following information provides a summary of findings from the study, reaches conclusions from those findings, and suggests a system of integrated services for children and families.

### I. NEED FOR REFORM

**FINDINGS:** *Families are unaware of services, or of their eligibility for services. They can only use what they know.*

*Families need help in order to get help. The system is difficult to traverse without support and information.*

**CONCLUSIONS:** There is a need for basic, fundamental reform in the way schools and government agencies deliver services to families.

**IMPLICATIONS:** This reform will require new ways of thinking about the needs of families, the roles of agency workers, eligibility determination, the focus and process of service delivery, and allocation of funds.



I. NEED FOR REFORM (cont'd)

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**It will require consistent, strong support at the highest administrative levels.**

II. ROLE OF THE SCHOOL IN COLLABORATION

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**FINDINGS:** *Families see the school as a place to get help.*

*Being identified with the school helped the Family Services Advocate and the County Public Health Nurses to gain initial access to families.*

*Schools quickly become overwhelmed by the multiple needs of families.*

**CONCLUSIONS:** The school setting is a primary, sustained contact point for working with families. However, a school-governed integrated services program is not advisable.

Governance by any one agency might inhibit maximum cooperation; the new system could be viewed as just another project.

**IMPLICATIONS:** **The center of services will be shared: all are in the hub.**

**All participating agencies need to form a network to keep families from falling through the cracks.**

III. NEED FOR A COMMON PHILOSOPHY

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**FINDINGS:** *Families must go to several agencies to solve multiple problems, or to receive help with multiple pieces of one problem.*

*For example, one family may need food stamps, special education testing, amnesty classes, and police protection. Each is obtained from a separate agency governed by different institutions. Families are often unaware of the distinctions among agencies.*

*Differences in philosophy make cooperation difficult. Schools are required to report suspected child abuse, but Child Protective Services cannot share information about the children's placement with them. School staff often lose contact with the children if they are removed from their parents' home. For that reason, school officials estimate that 40 percent of school personnel under-report suspected child abuse.*

**CONCLUSIONS:** What appears to be one single system to families is really a fragmented set of services.

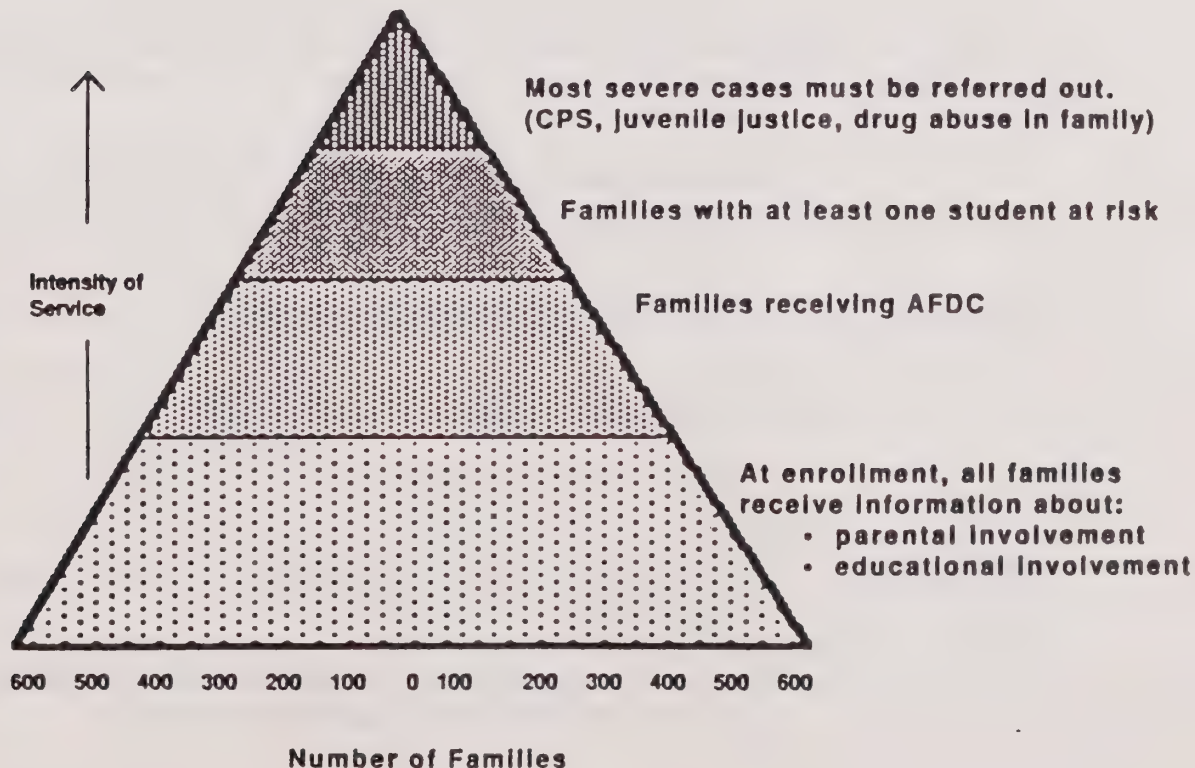
**IMPLICATIONS:** In order for a cohesive system to exist, participating agencies must have a shared, integrated philosophy which stresses prevention and early intervention, agency collaboration and a focus on working with families rather than on individuals.

A case management approach would provide coordinated access to services.

**FINDINGS:** Over 60 percent of all Hamilton families are involved with County Department of Social Services, and Probation, or City Housing Commission. About 10 percent of all families are known to four or more programs in these agencies. Figure 2 represents the hierarchy of needs of Hamilton families.

Crisis management for a few families in chronic need takes away from other families with very important needs.

FIGURE 2  
Pyramid of Needs and Services for Hamilton Families



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IV. PRIORITY OF CASELOADS (cont'd)

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CONCLUSIONS: The worst cases are the target of most spending.

**IMPLICATIONS:** **The cornerstone of a shared philosophy must be a priority for prevention and early intervention services.**

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V. NEW ROLES FOR AGENCY WORKERS

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*FINDINGS: Workers are frustrated with the narrowness and inflexibility of their roles.*

*Workers feel dehumanized in their job roles, similar to the families involved.*

*Workers see generations of recurring problems in families and feel helpless to "break the chain".*

CONCLUSIONS: Agency workers need and want feedback and a sense of accomplishment about their work.

Worker roles and responsibilities need redefinition.

Expanding staff roles and job descriptions which can release the energy and creativity of front line workers who are presently stifled by their systems.

**IMPLICATIONS:** **Workers should become family advocates, working more intensely with fewer numbers of families. They need more authority and flexibility in determining when cases are opened, what services are rendered, and when cases should be closed.**

**To increase their knowledge base, workers should be encouraged and rewarded for cross-training and placement in agencies other than their home agency.**

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VI. CHANGES IN POLICIES AND PROCEDURES

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*FINDINGS: Families must carry their life stories around to several places. Each agency only wants one part of the story.*

*Workers who must handle case files manually are unable to be efficient. "Paperwork inhibits social work."*

CONCLUSIONS: Eligibility procedures which are complex and agency-specific create barriers for families.

Present funding mechanisms require agency specialization so that problems are being addressed instead of people.



VI.	CHANGES IN POLICIES AND PROCEDURES (cont'd)
	<u>Lack of data sharing among agencies, workers, and families prevents optimal service.</u>
IMPLICATIONS:	<p>A common eligibility process should be developed, with one central point of contact for families.</p> <p>Funding needs to be flexible enough to allow for appropriate services, whether specialized or general.</p> <p>Waivers, policy changes, and staffing changes may be necessary to provide funding flexibility.</p> <p>Legal means must be developed to allow workers to share pertinent information about families with other agency staff.</p> <p>Technology upgrades are needed to enhance communication among agencies.</p>
VII.	RESPECT FOR DIFFERING PERCEPTIONS OF NEEDS
FINDINGS:	<p><i>Families see themselves in better overall condition than agency personnel see them, but they are plagued by short-term problems.</i></p> <p><i>Service providers see families as having many long-term needs.</i></p>
CONCLUSIONS:	<u>Discrepancies exist between family and line worker perceptions of existing needs and barriers.</u>
IMPLICATIONS:	The emerging system must address both groups of needs. One cannot be addressed to the exclusion of the other.
VIII.	INCREASED INPUT FROM FAMILIES
FINDINGS:	<p><i>The most common need expressed by families was for personal care for their children.</i></p> <p><i>Families want to be listened to and feel valued in their interactions with agencies.</i></p>
CONCLUSIONS:	<u>The present system treats families with less respect than they desire and need.</u>
IMPLICATIONS:	<p>The new system should provide a network of services with a minimum number of staff working with each family.</p> <p>The system should have continuity and stability, allow for multiple entry and exit points, and accommodate human and cultural differences.</p>

IX. DETERRENTS TO MOBILITY

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**FINDINGS:** *Families must start over again to secure services when they leave the area, even though the move may have been a positive one.*

*In 1987-88, only 40 percent of the children attended Hamilton from day 5 through day 175 (almost the full year). Twenty-three percent attended Hamilton and one other school during the year.*

**CONCLUSIONS:** Family mobility is a serious barrier to receiving services.

**IMPLICATIONS:** Institutions and agencies can compensate for family mobility by developing flexible service area boundaries.

Continuity of services must be given a high priority by service providers.



## THE NEW BEGINNINGS APPROACH TO INTEGRATED SERVICES FOR CHILDREN AND FAMILIES

The New Beginnings approach is built upon the findings, conclusions, and implications for change developed in the feasibility study. Its primary goal is to provide easily accessible support for children and families.

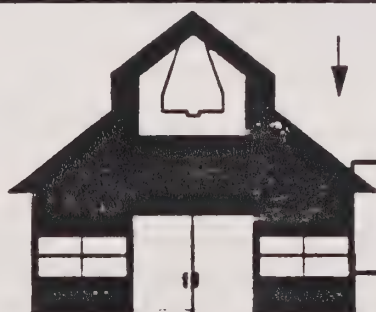
The approach based on an analysis of funds spent by each participating agency on services to families in the Hamilton area. It represents a fundamental reallocation of public funds to an interagency organization, and empowers agencies' staff through increased authority to solve problems and promote deeper involvement with families.

New Beginnings will provide services to families with children who live in the Hamilton attendance area, including those whose children attend Hamilton or other public schools and those with children ages 0-5, who may be referred from participating agencies. New Beginnings will provide service at three levels:

### New Beginnings: An Integrated Services Approach

Families with Children  
including ages 0 - 5 years

Families with children in the School Attendance  
Area attending public school - ages 5 to 12 years



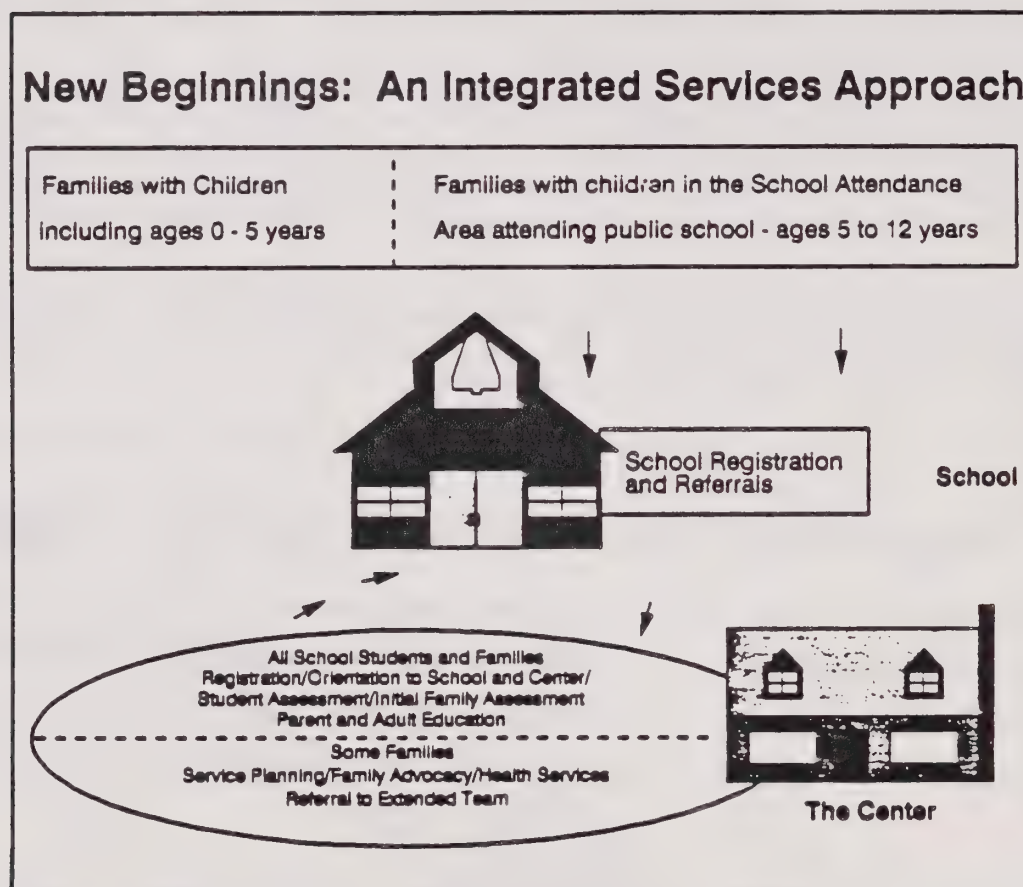
School Registration  
and Referrals

School

Level 1: **THE SCHOOL** is a primary source of referrals and an integral part of the New Beginnings approach. Classroom teachers refer children who are experiencing academic, behavioral, attendance, or health problems. Ongoing communication between the teacher and Center staff forms a vital feedback "loop" to assess whether services are having a beneficial effect on the child. Teachers receive intensive training in problem identification and supportive techniques in the classroom, will gain an awareness of the roles and services of other agency staff. The school is closely allied to the Center and shares staff with it on a part-time basis for an expanded student registration and assessment process.



The school will redefine some staff duties to provide direct liaison support and communication with Center staff, and to provide paraprofessional staff to deal with minor or short-term health and guidance needs (such as skinned knees and "time-out" from the classroom). Some staff, including the counselor and nurse practitioner, will move to the Center to work in broader, more flexible roles. An expanded consultation team composed of staff from school and Center will form a bridge between the two and assure that families and students don't fall through the cracks.



**Level 2: THE CENTER** is a separate building on the Hamilton site or adjacent to it. It provides two levels of services: an expanded student registration/family assessment process for all families; and service planning, ongoing case management, and various health services for targeted families who need some degree of professional intervention.

The involvement of Family Services Advocates (FSA) at the Center represents the redefinition of roles within participating agencies. They remain on the staff of their "home" agency while working in a broader, more proactive role with coworkers from other agencies at the Center. They assess family needs and act as advocates for families to provide ongoing support within "the system", including access to services from community-based organizations. This role redefinition is crucial to the creation of integrated, developmental services and to New Beginnings commitment to long-term change. Families need support for problem prevention and intervention, not just crisis response when things have gotten out of control.

At the Center, families will also be able to receive direct services: initial eligibility screening, school registration, assessment of students for special programs, referrals to parent education and other self-help services, and some health services (physical examinations, immunizations, and treatment for common childhood conditions). The school nurse practitioner, under the supervision of a licensed physician, will work in an expanded role, which will focus on primary care and treatment.

The Center management maintains a close collaborative relationship among participating agencies. A Center director will be hired to provide leadership and ensure the coordination of all levels of service.

# New Beginnings: An Integrated Services Approach

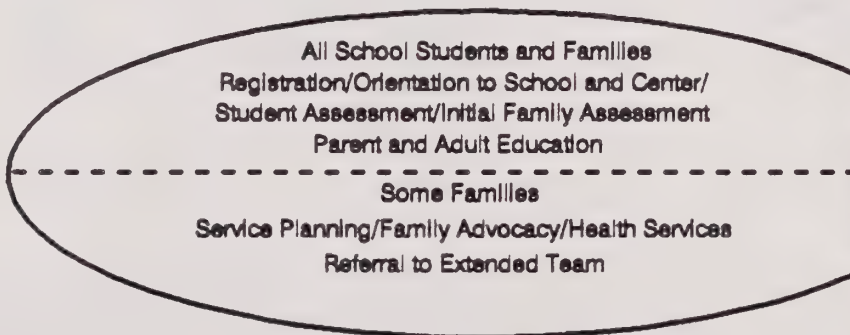
Families with Children  
including ages 0 - 5 years

Families with children in the School Attendance  
Area attending public school - ages 5 to 12 years



School Registration  
and Referrals

School



The Center

CBOs

Services provided at the agency OR the Center  
by staff who are members of the "Center Team"

DSS

Extended  
Team

Health

City Services

Housing

Community  
Colleges

Probation



**Level 3: THE EXTENDED TEAM** is an integral part of New Beginnings. Not all needs can be met within the Center structure. Many agency workers perform specialized tasks that are not compatible with the Center facility (e.g., some complex, computer-based eligibility functions). In other agencies, the number of staff hours allocated to Hamilton families would not justify assigning a full-time staff person to the Center. As members of the New Beginnings Extended Team, some line workers continue in their home agencies and usual job roles, but take on a redefined case load focusing on Hamilton families. Extended team members might be found, for example, in the City Housing Department, the County Departments of Social Services and Probation, or on the staff of community-based organizations, but they all concentrate their work on the Hamilton families as part of the New Beginnings Team.

**FINANCING THE CENTER** will require the commitment and ability of participating agencies to designate members of their staff to work as FSAs. At present, agencies are reimbursed by the state only for specific job functions performed. Fragmentation of funding is a major factor contributing to fragmentation of services. New Beginnings will look to existing agencies' resources as the primary source of funding, but will use the funding in a more flexible and fiscally efficient manner. Some revenue may be generated by an increase in the average daily attendance (ADA) of students in school. Cost savings will be realized by the reduction of duplicate efforts by separate agencies.

Table 4 is illustrative of the self-examination needed by each agency. It shows the amount of money currently being expended annually by the County Department of Social Services on families in the Hamilton attendance area,. In summary, information from the table indicates that nearly eight full time positions within the department are serving Hamilton family needs, and a yearly expenditure of \$5,700,474 includes those staff positions and benefits to families.

**TABLE 4**  
**County Department of Social Services Annual Resources for**  
**Hamilton Elementary School**

	CASES	AV. ANN. BENEFITS	ANN. STAFF YEARS	ANN. ADMIN. EXP.	TOTAL ANN. EXP.
AFDC	523	\$5,000,117	4.33	\$255,943	\$5,256,120
AFDC-FC	12	92,327	0.05	3,002	95,330
FOOD STAMPS	20	28,800	0.08	4,118	32,918
MEDI-CAL	48	46,080	0.14	8,252	54,332
HOMELESS	4	45,760	0.03	1,958	31,407
CHILDREN	48	0	1.36	88,704	88,704
GAIN	192	103,680	1.95	141,664	141,664
TOTAL		5,316,824	7.94	503,640	5,700,474

New Beginnings will require considerable legislative and regulatory change, including:

- reimbursement of agencies for case management
- increased capacity for case management
- a unified system for determining program eligibility
- permissions to share confidential information about families

Initial implementation must begin with each agency utilizing all funding flexibility within the current system, while simultaneously seeking additional flexibility at the state and national levels.



## NEW BEGINNINGS DESIGN FOR INSTITUTIONAL COLLABORATION

The feasibility study conclusions point to a need for change among institutions along with integrated services for children and families; a long term commitment to systemic change as well as an initial demonstration of collaboration. Too many short term "projects" have been initiated without an institutional commitment to collaboration. In general, they last until the funding runs out, then vanish without leaving a footprint.

True institutional collaboration is necessary to overcome the barriers of fragmented services, burned-out staff, multiple eligibility criteria, and institutional misperceptions. At present, collaboration between schools and agencies is highly individual: one school staff member makes contact with one agency staff member. If either one leaves (and staff turnover is continuous in many agencies), the collaboration collapses. Appendix D addresses other areas of concern in institutional collaboration.

Institutional collaboration (illustrated in Figure 3) requires new ways of working together at all levels. It depends on several key factors:

1. Leadership and top-level commitment. Visionary leadership and commitment from agency heads establish the conditions for success. They arise from a common commitment to the healthy development of children and families, and from seeing that each agency has a role in the achievement of this mission. Top-level leadership establishes organizational permission and priorities for collaboration, and provides inspiration and incentives for others to implement new ways of doing business.
2. A common philosophy. The feasibility study pointed strongly to a fragmentation of efforts within and among agencies, treating one child outside the context of the family, or responding to crises instead of preventing them. When a common philosophy is understood and internalized within all agencies, the leaders' shared vision becomes an agenda for action.
3. Norms of communication and shared expectations. Agencies form their own institutional culture with specialized language, customs, and shared values. All too often, negative perceptions of other agencies become part of the institutional culture. As agencies move into closer collaboration, more of the norms and values of the institutions will be known; expectations of other agencies will be clarified and tested.
4. Involvement of staff from all levels. Collaboration is empowering. It provides an opportunity for agency staff to redefine their roles and broadens their understanding of the significance of their work. Cross-agency task groups and work groups at all levels provide an opportunity for information sharing and problem solving.
5. Institutional leverage. In working with children and families, all institutions have a stake in creating positive behavior change. An example of such a change would be encouraging families to take responsibility for their children's regular school attendance. Each institution can identify its needs for positive behavior change, as well as the opportunities it has to exert a strong influence on families for changed behavior. As institutions work together, these needs and opportunities for leverage can be brought together.



FIGURE 4

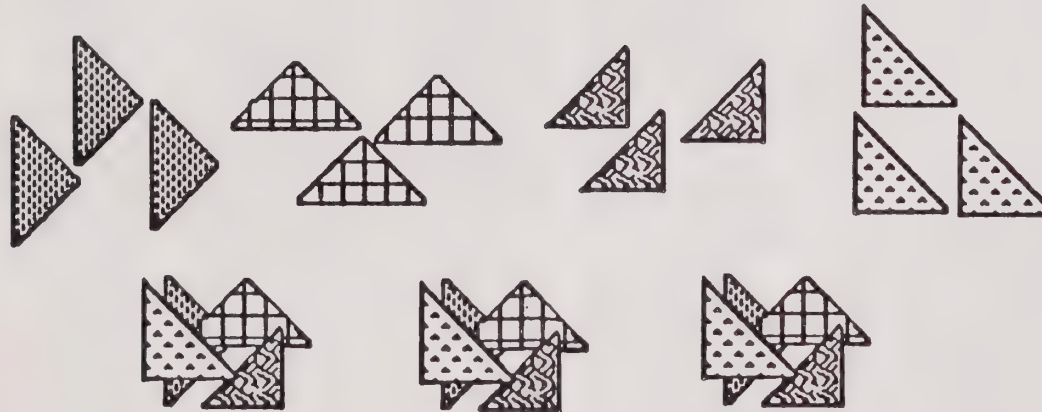
# Institutional Collaboration

## An Illustration



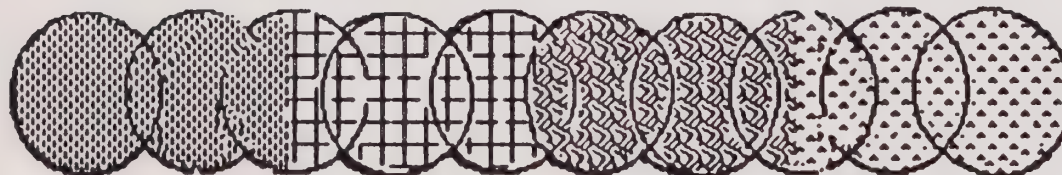
### Agency Heads

- develop and demonstrate the shared vision
- promote and reward collaboration



### Mid Level Staff

- build awareness of commitment to shared vision
- build awareness of other agency roles
- form cross agency task groups



### Line Workers

- relate to shared vision
- share work projects
- redefine some job roles

Shared Vision  
and  
Commitment





## NEXT STEPS FOR NEW BEGINNINGS

New Beginnings leadership is committed to the level of institutional change and collaboration that will be required to demonstrate the viability of integrated services for families. In the midst of possible state budget cuts that threaten to pit one institution against another, all members of New Beginnings are resolved to forge ahead with the cross-agency teamwork and thoroughness that has been the hallmark of the feasibility study.

New Beginnings is recommending that implementation begin in the Hamilton Elementary School attendance area. Implementation should be undertaken in four phases:

<u>Phase</u>	<u>Timeline</u>
1: Implementation Plan	Completed by December 1990
2: Start-up Activity	Completed by February 1991
3: Demonstration Period	March 1991 through March 1994
4: Evaluation Cycles	Annually, beginning May 1992

A decision whether to expand the model to additional schools should be made after an initial evaluation.

Existing resources within each participating agency or within existing state and federal programs should be reallocated to finance the implementation. New Beginnings is recommending that implementation plan development and start-up costs be financed by Stuart Foundations and other supportive philanthropic institutions.

There are a number of key issues that must be worked through in designing the implementation plan. Answers to these issues will determine the scope and ultimate replicability of New Beginnings. The following is a brief summary of the key implementation issues.

### Governance and Leadership

**Who should operate the New Beginnings Center?** New Beginnings is leaning toward a shared operating agreement among the participating agencies.

**Who should direct the center?** The administrator will be from one of members of New Beginnings. The Center director position is pivotal to the success of New Beginnings and must be filled by someone with a variety of agency experience, especially in leading collaborative projects.

**What relationship should exist between the school and the Center, and the Center and extended team?** New Beginnings is considering a relationship that is spelled out in an annual agreement between the school and the Center and between each participating agency and the Center.

## Institutional Leverage

New Beginnings believes there has to be a shared philosophy and set of goals among participating agencies for integrated services to be successful. The agencies involved currently exert varying degrees of leverage to induce clients to participate in programs. The issue is how to use this leverage to achieve cross-agency goals and outcomes. For example, participation in a training module on parent involvement in schools is now a requirement for families who receive GAIN assistance.

New Beginnings will need to determine the appropriate balance between empowering families to take care of themselves and intervening to protect the interests of children.

## Relationship to School Restructuring

San Diego City Schools has established a districtwide school restructuring initiative to substantially improve the academic performance of all students, particularly those students who are below grade level or at risk of dropping out of school. Hamilton Elementary School is about to undertake a fundamental restructuring of the school's organization and design of curriculum and instruction. The school's restructuring plans and the New Beginnings feasibility study have been undertaken on parallel tracks. A fundamental issue is how to merge the school's restructuring effort with the New Beginnings interagency support effort to enhance the outcomes of each initiative. Key to this issue is the redefinition of the teacher's role in the classroom, in the management of the school, and in relation to the Center.

Additional areas of parallel reform are explored in Appendix E.

## Financing the New Beginnings Center

**Existing resources should be reallocated to finance the Center.** Major costs for the Center will include staffing--particularly the Family Services Advocates, Center director, and clerical support--office space, and operating costs.

**Funding the Family Services Advocates:** Sources might include redefining the role of the school counselor; redefining the role of GAIN workers or other County Department of Social Services workers; redefining the role of the County Public Health Nurse; redefining the role of community-based agency staff contracted by the county, city or United Way; Medi-Cal Title XIX reimbursements for case management or Title IVe reimbursements; and Average Daily Attendance (ADA) funding from the school to the extent that the program proves that it can increase attendance.

**Funding overhead (director, office space, operating costs):** sources might include overhead funds that normally come with positions that will be redefined from each participating institution; a pro-rated allocation from each participating institution; and ADA funding from schools.



### Targeting of Families for Support

Tentatively, New Beginnings has decided to focus the Center's support at three levels:

- extensive case management for the 250+ students who are "at risk" by the school district's academic criteria and who are known to at least three agency programs according to the match of school and participating institution data;
- less intensive assessment and referral to the Extended Team for the 600-900 students/families who are known only to AFDC/Medi-Cal and/or Free- and Reduced-Price Lunch Program; and
- initial family assessment, parent and adult education, and listing of available support services in the community for all families at school registration.

New Beginnings needs to decide if these levels are realistic and whether it is viable to also target families who have children ages 0-5 as part of the Center's prevention focus. Two target groups would be siblings of students who attend the school and/or AFDC pregnant women/parents in the school's attendance area.

### Types of Services to be Provided by the Center and Extended Team

New Beginnings needs to determine the types of services that will be provided by the Center and those referred to the extended team. The mix of services fall into three categories: prevention of costly and debilitating problems, early intervention to address problems before they become long-term, and crisis intervention to address immediate problems.

### Waivers of Existing Laws or Regulations

There are numerous obstacles to the operation of the Center that will likely require a waiver of existing laws or regulations. Several examples of waivers that may be required include:

- Funding: ability to use existing funding sources more flexibly;
- Confidentiality: ability to designate the Center team as a full interdisciplinary team for case information exchange;
- Title XIX and IVe Changes: ability to receive reimbursement for case management staffing;
- Unified Eligibility: ability to establish a unified program eligibility system;
- Cross-Training: ability to cross-train the Center team from the best funding source;
- Waiting List Priority: ability to give priority to the Center's families for service/treatment (particularly substance abuse treatment); and

- Child Protective Services Case Management: ability to allow CPS case workers to spend longer time with cases without penalty or loss of reimbursement.

### Demonstration Outcomes

There are five primary areas in which New Beginning outcomes will be measured. Specific outcome measures need to be determined in the plan development phase. The identified outcomes and some possible related measures are shown below:

1. A unified case management approach by cooperating agencies.
  - increased information sharing
  - common eligibility form
  - mutually agreed upon philosophy
  - increased employee morale and satisfaction
  - reduced employee turnover
  - increased percentage of generalist workers, reduced percentage of specialist workers
  - reduced percentage of cases reopened
  - increased proactive measures
  - more visibility, authority, identification at the neighborhood level
  - increased worker knowledge of services available
  - identification and resolution of service gaps
  - increased collaborative, co-funded projects
2. Parents who are gainfully employed and are willing and able to accept the full responsibilities of their parenthood.
  - increase in the percentage of adult employment/ job preparation
  - reduction of percentage of families on full cash assistance
  - increased parental involvement at school
  - increased enrollment in child development classes
  - fewer children on AFDC/for less time
  - lower recidivism rates
  - lower adult and juvenile arrest rates
3. Schools that meet the needs of students so well that children want to go there to learn.
  - increased attendance
  - increased attendance at intersession programs
  - increased promotion rates
  - reduced suspension rate
  - decreased rate of teacher turnover
  - increased parent satisfaction with school performance
4. Healthy infants who are physically, emotionally and psychologically ready to begin their formal education at age 5.
  - reduce the percentage of low-weight, premature and toxic babies
  - increase the percentage of immunized children registering for school
  - increase participation in preschool programs

- increase the percentage of children who come to school with basic readiness skills:
  1. knowing their colors, letters, and numbers (0-10)
  2. knowing how to take turns, pay attention
  3. able to follow simple instructions
  4. demonstrating excitement about learning
- 5. Healthy children who are physically, emotionally and psychologically ready to learn when they come to school.
  - decrease the percentage of children who come to school without breakfast
  - decrease the percentage of children who are fearful of school
  - decrease the percentage of repeat reports of child abuse
  - increase the percentage of children who come to school clean
  - decrease the number of domestic violence reports

### Evaluation and Management of Information

New Beginnings must decide what types of program evaluation will take place and how information will be gathered and reported. Ethnographic, longitudinal, cost/benefit analysis, and attitudinal methods of evaluation are being considered. New Beginnings wants to demonstrate which elements of the design are successful, how students fare over time, how cost-effective this approach is compared to the current piecemeal system, and what workers and families perceive is effective or ineffective about integrated services.

New Beginnings will need to determine how to gather these data and how to design a management information system that will not only enable the Center to share data on families across institutions but also to maintain and manipulate data for evaluation purposes. An assessment must be conducted of the school's and district's Student Information System to decide whether information needs can be accommodated.





## New Beginnings Acknowledgements

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Our Mentor: Sid Gardner, from California Tomorrow, the man born with two fists full of questions. We think we thank you for asking them, and asking them, and asking them.....

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